



Neale Miller

## Multi-Pronged Approach Best When Evaluating Quality

**D**ENNIS O'LEARY, JCAHO president, offers a "modest proposal" that includes his recognition that performance measures are "only one set of tools in the quality evaluation armamentarium." He recommends including organizational and practitioner standards, clinical practice guidelines, critical

pathways, and "the array of tools used as integrals to the continuous quality improvement (CQI) process."

The initial step in any planned performance measurement would be framing the critical questions that must be answered before designing the methods and measures to answer the questions. Second, he recommends selecting both process and outcome measures that "offer real opportunities for future improvement." Third, he urges recognizing that logical groupings of measures such as timing and appropriateness of interventions and adequacy of followup, as well as the patient's perception of the quality of care, will provide the most useful data. Fourth, Mr. O'Leary cautions that past practice of examining performance measures exclusively in separate silos will not be acceptable to integrated delivery networks and health plans. Lastly, he urges that each organization focus on standardized core measures and measures that are integral to what they do.

### Resource

O'Leary, D.S. (1998). Reordering performance measurement priorities. *Health Affairs*, 17(3), 38-39

## Kit Promotes Pressure Ulcer Education

In a back-to-basics oriented article, J. Duncan Moore describes an initiative being undertaken by IPRO, a New York state Medicare peer review organization, to improve the pressure ulcer prevention practice of caregivers in both nursing homes and hospitals.

The medical records of 1,253 stroke patients were reviewed. This group was the patient population at highest risk for developing bedsores while in the hospital. Risk assessments were considered appropriate for 88% of the patients but were performed only 56% of the time. Of the latter group, only 38% were

reassessed. Caregivers reported that they intervened with pressure relief in only 27% of cases.

Since a severe bedsore can extend a patient's hospital stay and take up to 6 months to heal, costs escalate. The IPRO collaborated with a Long Island home health agency administrator, Barbara Scharf, to establish protocol guidelines and an educational package they designated as a "tool kit" that includes self-directed learning materials such as written material, posters, and a slide show. A followup survey is planned a year from now among the state-wide cadre of collaborating hospitals and nursing homes.

### Resource

Moore, J.D. Jr. (1998, July 20). Bedsores: \$1 billion burden. *Modern Healthcare*, p. 43.

## Sapient Health Network and OHSU School of Nursing Empower Patients with Latest Health Information

Oregon Health Sciences University (OHSU) is planning to provide interactive live scheduled information sessions on several common disease processes using the Internet. This will present health care information to members so that they can have a "better understanding of their conditions and can efficiently manage their illnesses." Catherine Salvesson, community health faculty member at the OHSU School of Nursing stated that "OHSU nursing faculty members will provide their expertise and encourage real dialogue with concerned patients."

### Resources

OHSU Website: [www.ohsu.edu](http://www.ohsu.edu)  
SHN Website: [www.shn.net](http://www.shn.net)

## Y2K Challenges and Opportunities

While alarm marked the tone of the report from technology consultant Joel Ackerman to a special U.S. Senate Committee on the Year 2000 Technology problems, other reports highlighted efforts among health care providers that are already underway and offer strategies designed to cope with potential problems. Ackerman highlighted the vulnerability of hospitals, doctors, and other health care providers who have "computing technology such as medical devices with embedded computer chips, date-sensitive information systems, electronic medical records, outsourced services, and electronic exchange with insurers and claims processors." Fixing all date-sensitive interrelating technologies is doubtless high on the agenda of most health care institutions; however, many institutions have probably come to the party late in the sense of devoting sufficient attention and resources across all of their vulnerable areas.

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